



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date April 12, 1978	1. Agency Address Ga. Dept. of Human Resources Division of Physical Health Maternal/Child Health Unit Room 365-S - 47 Trinity Ave., S.W. Atlanta, Georgia 30334	Application Number 74-256-A	
Application Number DHR-169		Date Received APR 12 1978	Date Completed MAY - 4 1978
2. Person to Contact Elizabeth Berrier		Working Title Program Manager, Perinatal Program	
		Telephone Number 656-4830	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 74-256 Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 7/1/76		5. Records Series Title (followed by title used in office, if different) to date Perinatal High Risk Program Case Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? Family Health Services Section, under the leadership of the Director, has the responsibility for promoting and coordinating family health programs as provided by the State and DHR. The programs include: Maternal/Child Health Programs (family planning, perinatal, crippled children, child health, and services to women, infants, and children [NIC]); Chronic Disease Programs (disease prevention, patient services, and health care education); Communicable Disease Programs (T.B., S.T.D., epidemiology, and immunization); and programs for pharmacy, nursing, nutrition, and dental services. Maternal/Child Health Perinatal Program has the responsibility to establish allocations and monitor the Medically High Risk Pregnancy Program; develop and monitor service contracts for Certified Nurse Midwife Programs; offer technical assistance to private and public agencies with CMW; process granny midwife certifications and provide training; develop and update medical, nursing, and administrative policies and procedures; prepare the State-wide perinatal services plan; maintain an evaluation system; develop and provide training for prenatal services; compile and prepare annual reports for the Title V MCH Report; process abortion surveillance reports; monitor prenatal sterilization services; and maintain the library of prenatal films.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: maintaining records for services to medically indigent high risk pregnant women and their infants. Included are: 3-part form DPH/HIS(7)-59 (Rev. 1-77) [DHR Application and Authorization for Services - Program of Care for Medically Indigent High Risk Pregnant Women and their infants] which shows name and address of vendor; patient's identifying information (name, residence, race, birthdate); patient financial information (health insurance with maternity benefits, Medicaid, Medicare, number in family, annual income, monthly income, SS Acct. No.) High Risk Criteria; Estimated amounts to be encumbered for services to patient; authorization for services (patient and State/County health officials); outcome of pregnancy (livebirth, neonatal death) and signature of health officer. Also included: DPH/HIS(7)-67 (Physician File is arranged: numerically by District/Unit Health Office; thereunder, numerically by authorization number.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old 8-10 daily seven to twelve months old 8-10 daily thirteen to twenty-four months old 8-10 weekly twenty-five months and older one a month			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) approx. 2400 cases year			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. See Georgia Public Health Law 88-502.10 Confidentiality.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
X		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? Evaluation to be included in Director's Subject Annual
X		f. Is the information contained in this series ever published? If yes, attach copy. Evaluation of the Maternal and Infant High
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? [and Infant High Risk Program] If yes, attach copy. attached Evaluation . . .
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? Accounting Unit and appropriate District/Unit Health Office
	X	i. Is this series for a major portion of it regularly microfilmed?
X		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 5 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

for purposes of reference and audit.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

Maternal/Child Health
District Health Office
Accounting Services

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) _____ 2 _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold _____ 3 _____ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Computer Printout

(selected information from forms DPH/HIS(7)-59, DPH/HIS(7)-67, 3783)

Cut off at end of each fiscal year; hold in current files area 1 year; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Elizabeth J. Bernier	3-20-78	Elizabeth W. Crank C.R.M.	3/20/78
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	5-3-78
		Secretary of State/Designee	5-2-78
		Attorney General/Designee	5-3-78

Application for Records Retention Schedule

Perinatal High Risk Program Files

3

(Continuation)

7. Statement of Services and Charges) showing services provided (delivery, antepartum and postpartum care, Caesarean Section, repair, incision, excision, abortion, sterilization, normal newborn, sick newborn, consultation, anesthesia); total charges; whether or not outcome of pregnancy resulted in livebirth, neonatal death, stillbirth; birth weight; child's name; signature of physician; and date. Form 3783 (1-77) [Application and Authorization for Services - Revision/Closure] to revise or close any case which has been previously authorized] shows reasons and total funds to be encumbered, signature of health officer, title, and date.